Under the F		respond to a collection of information unless it displays a valid OMB control number Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2009				Application Number 10/799,724-Conf. #2073				
						March 15, 2004		
						Hansjorg ANDER		
				Examiner Name A		A. P. DESAI		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1787				
TOTAL AMOUNT OF PAYMENT		(\$) 130.00		Attorney Docket No. 3		3868-0156P		
METHOD O	F PAYMENT (check	all that apply)						
Check	Credit Card	Money Order	No	ne Other	(please identify	n:		
X Deposit A	ccount Deposit Account	Number: 02	-2448	Deposit	Account Name	Birch, Stewar	t, Kolasch &	Birch, LLP
For the	above-identified dep	osit account, the D	Director is	hereby authorize	ed to: (chec	k all that apply)		
x c	Charge fee(s) indicate	below		Charg	e fee(s) ind	icated below, e	xcept for th	ne filing fee
× fe	Charge any additional ee(s) under 37 CFR 1	fee(s) or underpay .16 and 1.17	yments o	f x Credit	any overpa	yments		
FEE CALCU								
1. BASIC FILIN	NG, SEARCH, AND E							
	FI	LING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application T		Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees I	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant Reissue	220	110	330	165	170	85		
Provisional	330 220	165 110	540 0	270 0	650 0	325		
		110	0	0	0	0		Small Entity
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
				ee Paid (\$)				
16 - 20 or HP x = HP = highest number of total claims paid for, if greater than 20.					Fee	<u>⇒ (\$)</u>	Fee Pald (\$	1
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
	- 3 or HP =	_ x =						
	nber of independent claims	paid for, if greater the	an 3.					
3. APPLICATION	ON SIZE FEE ation and drawings ex	cood 100 choose	of naner	(aveluding alactr	onically file	ed sequence or	computer	
listings un	der 37 CFR 1.52(e)), raction thereof. See 3	the application si	ze fee du	e is \$270 (\$135 f)
Total Shee				dditional 50 or frac	ction thereof	Fee (\$)	Fee	Paid (\$)
	- 100 =			(round up to a who	de number)	٠		
4. OTHER FEE		0 6 (ales dis.				Fees	Pald (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00								
SUBMITTED BY	17/2	< 7)						
Signature	(400)	Um		Registration No. (Attorney/Agent)	28,380	Telephone	(703) 205-8015	
Name (Print/Type) James M. Slattery JO 78			6		Date	August 1	6, 2010	
	Ocas a	460 4 4 4 4	3,10	~				